

Pipeline Group Factual Report

ATTACHMENT 30

Report of Visual Inspection and Repair

**Carmichael, Mississippi
DCA 08 MP 001**

DIXIE PIPELINE COMPANY REPORT OF VISUAL INSPECTION & REPAIR

GENERAL

Line Section/Station: Hattiesburg to Ms./Al. State Line State/Location Code: 34-571 MP: 426.32
 Land Use: Pasture Depth of Cover: 33" Landmark: Clarke County Road 621
 R/W Tract: 20 Alignment Sheet #: 76 of 211 County/Parish: Clarke State: Ms.
 R/W Inventory Numbers: From 22509+59 To 22509+99 Line Size: 12"
 Latitude: N 31°55'32.7" Longitude: W 088°31'39.3"

WORK DESCRIPTION:

Date Begun: 7/8/2006 Date Completed: 7/8/2006

Detailed Account: Magpie Smart Pig showed metal loss internal. The method of repair
was installation of 2' 12-3/4 I.D. x 5/16" Wall Full Wrap.

Contractor: L. E. Bell Construction

Inspector JDR

AFE Name: Smart Pig Repairs

AFE Number: P11412

INSPECTION RESULTS:

Facility Inspected:

☒ Pipe ☐ Valve ☐ Fitting ☒ Coating ☐ Other

EXTERNAL CORROSION

☐ N/A ☐ None

Dimensions of Graded Pit: - Depth: _____" Length: _____"
 (Pit dimensions used to determine MAOP)

Overall Length of Facility Affected - _____ ft. _____ in.
☐ MAOP Not Affected Calculated MAOP: _____ PSIG.

INTERNAL CORROSION

☐ N/A ☐ None

Dimensions of Graded Pit: - Depth: _____" Length: _____"
 (Pit dimensions used to determine MAOP)

Overall Length of Facility Affected - _____ ft. _____ in.
☐ MAOP Not Affected Calculated MAOP: _____ PSIG.

MECHANICAL DAMAGE

☐ N/A ☐ None
☐ Gouge ☒ Dent
☐ Other

Dimensions of Gouge/Dent: - Depth: _____" Length: _____"
 (Dimensions used to determine MAOP)

Overall Length of Facility Affected - _____ ft. _____ in.
☐ MAOP Not Affected Calculated MAOP: _____ PSIG.

COATING:

☐ Solomastic ☒ TGF ☐ Paint ☐ Mastic ☐ Concrete ☐ Primer & Tape ☐ FBE

CONDITION OF COATING:

☒ Good ☐ Fair ☐ Poor

FACILITY ENVIRONMENT:

☒ Sand ☐ Clay ☒ Loam ☐ Rock ☐ Water ☐ Air ☐ Other

FACILITY REPAIR RESULTS:

☐ N/A ☒ Repaired ☐ Replaced

Repaired by: ☒ Full Wrap ☐ Clock Spring ☐ Leak Clamp ☒ Recoat

Coating Type Used: Stac Primer, Wrap, Guard, Trenton Wax & Primer

Description of Repair or Replacement Item(s): Primer & Tape.

Full Wrap 12-3/4 Wall x 2' Long Style A

P.O. # of Repair or Replacement Item(s): PO 1156

PROPERTY DAMAGE

☐ Landowner ☐ Tenant Name: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Description of Damage: N/A

Estimated Value of Damage: _____

Related Reports & Forms: _____

Prepared By: Jake L. Sullivan

Date: 8/2/06

Distribution: Original Maintenance Supervisor, Copy All Engineering (r) All DOT Files.

Back of Form may be used for sketch or additional information

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